

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program


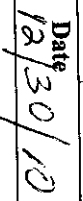
U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009			
PHA Name: The Housing Authority of Plainfield		FFY of Grant Approval:			
Grant Type and Number Capital Fund Program Grant No: NJ39P03950109 Replacement Housing Factor Grant No: Date of CFEP:					
<div> <div>Type of Grant</div> <div> <input checked="" type="checkbox"/> Original Annual Statement  <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2010 </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies  <input type="checkbox"/> Revised Annual Statement (revision no:1 )  <input type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	163,290		163,290	163,290
3	1408 Management Improvements	120,000		120,000	89,224
4	1410 Administration (may not exceed 10% of line 21)	81,645			
5	1411 Audit			81,645	81,645
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000		50,000	48,443.10
8	1440 Site Acquisition				
9	1450 Site Improvement	118,519		118,519	76,629.74
10	1460 Dwelling Structures	283,000		283,000	264,004.96
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		<b>FFY of Grant:</b> FFY of Grant Approval: 2009	
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P03950109 Replacement Housing Factor Grant No: Date of CFFP:	
<input checked="" type="checkbox"/> <b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
		<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	816,454	816,454
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> 		<b>Signature of Public Housing Director</b> 	
		<b>Date</b> 12/30/10	<b>Date</b>

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**Federal FFY of Grant: 2009**

Grant Type and Number  
Control Fund Program Grant No. NJ39P03950109

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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[illegible]<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part I: Summary		FFY of Grant: 2010				
PHA Name: The Housing Authority of Plainfield		FFY of Grant Approval:				
Grant Type and Number Capital Fund Program Grant No: N139P03950110 Replacement Housing Factor Grant No: Date of CFPP:						
<input type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2010		<input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	162,741.60		162,741.60		
3	1408 Management Improvements	97,056.20		97,056.20		12,225.00
4	1410 Administration (may not exceed 10% of line 21)	81,371.80		81,371.80		38,676.80
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	79,998.20		79,998.20		2,687.00
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	392,540.20		392,540.20		98,164.00
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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<b>Part I: Summary</b>		<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P03950110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> FFY of Grant Approval: 2010	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	813,708.00			813,708.00	151,752.80	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
<b>Signature of Executive Director</b> 		<b>Date</b> 12/30/10		<b>Signature of Public Housing Director</b> 		<b>Date</b>	

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PHA Name: The Housing Authority of Plainfield

**Federal FY of Grant: 2010**[illegible]

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